2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025235

Entity Name: TEAM RASCAL LLC

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

LONG, THOMAS A

26 CATHEDRAL AVENUE

GARDEN CITY, NY 11530

LONG, ARTHUR F JR

184 WHITCHALL BLVD

GARDEN CITY, NY 11530

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FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 125 OCEAN AVENUE **APARTMENT 214** PALM BEACH SHORES, FL 33404 **New Mailing Address: Current Mailing Address:** 81 WESTMINSTER ROAD C/O JAMES LONG GARDEN CITY, NY 11530 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICCIO, ROBERT 125 OCEAN AVENUE APARTMENT 214 PALM BEACH SHORE, FL 33404 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LONG, JAMES E Name: Name: 81 WESTMINSTER ROAD Address: Address: City-St-Zip: GARDEN CITY, NY 11530 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RICCIO, ROBERT F Name: Name: Address: 78 CHELSEA ROAD Address: City-St-Zip: GARDEN CITY, NY 11530 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition HUSHAK, DANA HUSHAK, DANA Name: Name: Address: 3911 MIAMI RUN Address: 1985 TALAMORE COURT City-St-Zip: CINCINNATI, OH 45227 City-St-Zip: GRAND RAPIDS, MI 49546

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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SIGNATURE: JAMES E. LONG MGRM 01/05/2005